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SCHOOL/PARENTS OR OTHER PRIMARY SEX EDUCATORS: WHAT DIFFERENCE DOES IT MAKE?

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Purpose: To assess the characteristics of youths who received sex education by other means than parents or school.

Methods: 5175 young adults (51% males) aged 24–28 took part in a Swiss national study on sexual health in 2017 and were divided in 5 groups according to their answer to a question on their main sex educator during adolescence: School or parents (n=2310; 44.6%), Friends (1940; 37.5%), Internet (400; 7.7%), Other (332; 6.4%) and No sex educator (194; 3.8%). Groups were compared on socio-demographics, pregnancy and abortion, age at first sexual experiences (contact, oral, vaginal and anal), contraception and/or protection use at first sexual intercourse, lifetime emergency pill use, lifetime history of sexual transmitted infection (STI), unwanted sexual experiences (USE), sexual intercourse without really wanting, sexual abuse, sexual orientation (identity, attraction and partner(s) sex), number of lifetime sexual partners and perception of their first vaginal sex (pleasant or not). Significant variables at the bivariate level were included in a multinomial analysis using the school/parents group as reference. Results are given as relative risk ratios (RRR).

Results: At the bivariate level, groups differed for all studied variables except pregnancy and abortion, age at any first sexual experience, USE, sexual abuse and perception of their first vaginal sex. At the multivariate level, compared to the School/parents group, participants in the Friends group were more likely to be males (RRR: 1.42), to report STI history (1.37), lifetime emergency pill use (1.16), sexual intercourse without really wanting (1.25) and higher number of lifetime sexual partners (4 or more: 1.93), and less likely to report a below average family SES (0.72). Participants who used the Internet as their main resource for sexual education were more likely to be males (2.53), to report a STI history (1.50), not using protection at first intercourse (1.72), sexual intercourse without really wanting (1.69) and a non-heterosexual orientation (1.79). Those in the group Other were only more likely to report a STI history (1.53). Finally, participants who reported No sexual educator were more likely to be males (1.66) and tended to be less Swiss-born (0.62, p=0.055).

Conclusions: While recommendations advocate close collaboration between home and school in terms of sexual health education, less than one participant in two reported their parents or school as their primary sex educator. Overall, those relying on friends and the Internet seem to be those taking more risks. Sexual minority youths rely mainly on the Internet, probably reflecting a sex education not always inclusive. Finally, those reporting no sex educator do not seem to be doing worse, suggesting that there are other factors than sexual education to be considered in sexual health prevention among young people.

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23.

USING BEST-WORST SCALING AND LATENT CLASS ANALYSES TO EXPLORE VARIATION IN PARENT WORRIES ABOUT HPV VACCINATION

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Purpose: Widespread vaccination against human papillomavirus (HPV) could prevent most HPV-associated cancers. Yet, uptake of HPV vaccine remains low, with only 35% of adolescents completing the series. Prior research documents the diverse worries that parents have about HPV vaccination, but little is known about the relative importance of worries or how they co-occur which could be useful to inform targeted communication campaigns. We sought to prioritize parental concerns about HPV vaccination and to assess patterns of concern.

Methods: We used best-worst scaling (BWS), a stated preference method, to prioritize parents HPV vaccination concerns. We administered the BWS instrument via a national, online survey to parents of adolescents ages 11–17 who reported never having talked with their child's healthcare provider about HPV vaccination (n=443). Parents completed 11 choice tasks that presented repeated subsets of 11 common worries about HPV vaccination identified in the literature. We analyzed BWS data using conditional logistic regression to prioritize parents' worries about HPV vaccination and then constructed scale-adjusted latent class logistic regression models with 1–10 classes to identify patterns of worry.

Results: Our sample was diverse in terms of race/ethnicity (63% White, 20% Hispanic, 9% Black) and included similar proportions of parents of sons (55%) and daughters (45%). Parents most often worried about long-term side effects of HPV vaccination, which about one-third (36%) ranked as their top worry. Other common top-ranked worries were how new the vaccine is (12%), motives of drug companies (12%), short-term side effects (10%), and that it may be unnecessary (10%). In latent class analyses, the statistical fit of the model improved with each additional class (BIC: 22557 and 20962 for 1- and 10-class model, respectively). Across models, many classes were characterized by a worry about long-term side effects in combination with other worries. For example, the 5-class model suggested the following distinct parental profiles. Vaccine Harm Worriers (Class 1, 28%) were primarily concerned about long-term side effects. Industry Worriers (Class 2, 29%) prioritized concerns about drug company motives in tandem with side effects. Novelty Worriers (Class 3, 23%) were concerned about how new the vaccine is and about long-term side effects. General Risk Worriers (Class 4, 15%) were worried about encouraging sexual activity and about side effects. The smallest class, Sex Worriers (Class 5%), was characterized by concern about having to talk about sex and about encouraging sexual activity.

Conclusions: By using BWS, this study provides novel data for understanding how parents prioritize their worries, thereby informing ongoing efforts to better support parents in their decision making about HPV. Findings from this national study suggest that providers and others who promote HPV vaccination should be prepared to